

# TOWN OF WELLESLEY

For internal use only

MARC V. WALDMAN  
Treasurer & Collector



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## UNCLAIMED CHECK DIVISION

525 Washington Street  
Wellesley, MA 02482

## CLAIM FORM

### We need the following to process your claim:

Name, Address, SS# or Federal ID number, Telephone #, and Signature.

If payee of unclaimed funds is deceased, please provide evidence that claimant(s) is executor of the estate.

### If all evidence requested is not received, this claim will not be processed.

Payee's Name & Address: (PLEASE PRINT)

Claimant's Name/Address Correction (If different)

Claimant must sign below (if more than one person is entitled to the property, both must sign.)

Under penalties of perjury, I (we) declare that my (our) claim of ownership to this property is true, absolute and complete.

I (we) have not sold, assigned, transferred, pledged this property, given it away, authorized, nor empowered any person or persons, corporation, or association to draw any amount on same.

Name of Claimant  
(Please Print)

Signature

( )

Social Security No. or FID

Date

Telephone Number

Name of Co-Claimant  
(Please Print)

Signature

( )

Social Security No. or FID

Date

Telephone Number

**Important:** Make a copy of this claim form for your records and return the completed form, along with all necessary documentation, to the address above.

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### PROPERTY DESCRIPTION

Check #

Check Date

Check Amount

Researched by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_